

Plan of Correction

Program Name: Southeastern Behavioral Health	Date Submitted: 12/12/17	Date Due: 01/12/2018
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Administrative POC-1	
Rule #: 67:61:02:20 and 67:62:02:18	Rule Statement: Changes requiring notification. An accredited agency shall notify the division director before: a change in the agency director, a reduction in services provided by the agency, or an impending closure of the agency for a determination on continued accreditation. An accredited agency shall give the division 30 days written notice of closure. The agency shall provide the division written documentation ensuring safe storage of financial records for at least six years from the date of closure, and of client case records for a minimum of six years from closure required by 42 C.F.R. § 2.19 (June 9, 1987), disposition of records by discontinued programs. The division may assist in making arrangements for the continuation of services to clients by another accredited agency before the closing.
Area of Noncompliance: Policy and procedure manual needs to be updated to reflect notifying the division director of any changes.	
Corrective Action (policy/procedure, training, environmental changes, etc): Southeastern Behavioral Healthcare's policy and procedure manual will be changed to reflect that SEBH will notify the Division of Behavioral Health Director of change in agency director, impending closure of the agency for a determination on continued accreditation.	Anticipated Date Achieved/Implemented: Date 2/15/18
Supporting Evidence: A copy of the revised policy will be sent to the Division of Behavioral Health	Person Responsible: Laura Boone
How Maintained: SEBH will review any administrative rule changes yearly to make appropriate revisions.	Board Notified: Y <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-1	
Rule #: 67:61:07:05 & 67:62:08:05	Rule Statement: Integrated assessment. An addiction counselor, counselor trainee, or mental health staff depending on needs shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For mental health clients under the age of 18, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components: 1) Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;

Southeastern Behavioral HealthCare

BOARD POLICY

SUBJECT: Accreditation

Section No.: 1.09

Page No.: 1 of 1

EFFECTIVE DATE: 01-11-2018

PRIOR REVISION DATE: 12-17-1998

APPROVAL DATE: 01-11-2018

ORIGINATION DATE: 12-19-1990

PURPOSE:

To state general policies which will guide the agency in seeking accreditation and approval for its services.

GUIDELINES:

It is the Board's policy:

- 1) To seek and maintain formal accreditation from recognized accreditation or approval programs for appropriate services.
- 2) To seek and, where possible, to obtain licensing from recognized programs or bodies for appropriate services.
- 3) To seek and maintain approval from the recognized body for applicable education programs that are sponsored by SBH.

In the event of the agency permanent closure, SBH will provide a written notice to the State of South Dakota Department of Behavioral Health Division Director 30 days prior to the closing. SBH will provide written documentation ensuring safe storage of financial/clinical records according to 42 C.F.R § 2.19.

Southeastern Behavioral HealthCare

POLICY STATEMENT

SUBJECT: CEO Succession Plan

Section No.: 1.05

Page No.: 1 of 1

EFFECTIVE DATE: 01-11-2018

PRIOR REVISION DATE: 12-17-2009

APPROVAL DATE: 01-11-2018

ORIGINATION DATE: 04-28-2005

PURPOSE:

To ensure uninterrupted operation of SBH should there be an expected or unexpected absence of the CEO.

POLICY

In the event the CEO of SBH is no longer able to serve in the position (i.e. leaves the position permanently), *the Board President or their designee shall notify the South Dakota Department of Behavioral Health Division Director before the change in leadership.* The Executive Committee shall appoint an Interim CEO. The Interim CEO shall ensure that SBH continues to operate without disruption and that all organizational commitments previously made are adequately executed, including but not limited to loans approved, reports due, contracts, licenses, certifications, memberships, obligations to lenders to SBH.

Within a reasonable period of time as deemed by the Board, the Executive Committee shall appoint a Search Committee to recruit a replacement CEO. The committee shall be comprised of at least one member of the Executive Committee and two Board members.

For a temporary change in leadership (i.e. illness, leave of absence) of the current CEO, the CEO shall designate a person to act in his/her stead.

	<ol style="list-style-type: none"> 2) Presenting problems or issues that indicate a need for services; 3) Identification of readiness for change for problem areas, including motivation and supports for making such changes; 4) Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization; 5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history; 6) Family and relationship issues along with social needs; 7) Educational history and needs; 8) Legal issues; 9) Living environment or housing; 10) Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal; 11) Past or current indications of trauma, domestic violence, or both if applicable; 12) Vocational and financial history and needs; 13) Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present; 14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening; 15) Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable; 16) Clinician's signature, credentials, and date; and 17) Clinical supervisor's signature, credentials, and dates verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis. <p>Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.</p>
Area of Noncompliance: Substance use and mental health integrated assessments were missing one or more of the required elements.	
Corrective Action (policy/procedure, training, environmental changes, etc): Southeastern Behavioral Healthcare will insure the required 17 elements are included in all integrated assessments. SUD supervisor will review all integrated assessments for those counselors in training status, prior to signature.	Anticipated Date Achieved/Implemented: Date 3/1/17
Supporting Evidence: A list of integrated assessments, for those counselors in training status, will be kept and their review documented.	Person Responsible: Amy Smith
How Maintained: regular quarterly reviews for quality assurance.	Board Notified: Y <input checked="" type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-2	
Rule #: 67:62:13:02	Rule Statement: Services provided by the center. Services should be provided in a location preferred by the client, including settings outside the center.

Services should be provided within an integrated system of care. Services shall be provided according to the individualized needs and strengths of the client and shall be responsive to cultural differences and special needs. The following IMPACT services shall be provided according to the individualized needs of the client;

- 1) Integrated assessment, evaluation, and screening;
- 2) Crisis assessment and intervention services available 24 hours per day, seven days per week;
- 3) Case management;
- 4) Psychiatric services, with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment, and prescription of pharmacotherapy;
- 5) Psychiatric nursing services including components of physical assessment, medication assessment and monitoring, and medication administration;
- 6) Symptom assessment and management, including medication monitoring and education;
- 7) Individual therapy or counseling;
- 8) Group therapy;
- 9) Recovery support services;
- 10) Direct assistance to ensure ongoing opportunities for the client to obtain the basic necessities of daily life and perform basic daily living activities;
- 11) Psychosocial rehabilitative services provided on an individual or group basis to assist the client to gain or relearn self-care, interpersonal, and community living skills needed to live independently, sustain psychiatric stability, and progress towards recovery;
- 12) Liaison services to facilitate treatment planning and coordination of services between mental health and other entities;
- 13) Encouragement for active participation of family and supportive social network; and
- 14) Collateral contacts.

IMPACT services may not exceed a ratio of at least one primary therapist for every 12 clients served. A center shall provide clients with an average of 16 contacts per month with IMPACT staff and more often if clinically appropriate.

Area of Noncompliance: Chart files did not document an average of 16 contacts per month.

Corrective Action (policy/procedure, training, environmental changes, etc):

Progress notes completed by Southeastern Behavioral Healthcare IMPACT staff will include number of times a client may have been seen in one day.

Anticipated Date

Achieved/Implemented:

Date 3/1/18

Supporting Evidence: IMPACT staff will receive training on ARSD rules and expectations. Impact clinical will monitor monthly documentation and provide feedback to staff at Wednesday staff meetings.

Person Responsible:

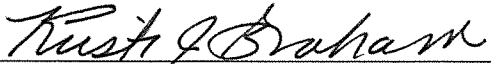

Ruth Gunnick and Karen Chesley

How Maintained: Monthly review of documentation and number of client contacts by clinical supervisor.

Board Notified:

Y x N ☐ n/a ☐

Rule #: 67:62:08:07	<p>Rule Statement: Treatment plan. The initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials, and date of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of a clinical supervisor as defined in subdivision 67:62:01:01(8). Evidence of the client's or the client's parent or guardian's participation and meaningful involvement in formulating the plan shall be documented in the file. This may include their signature on the plan or other methods of documentation.</p> <p>The treatment plan shall:</p> <ol style="list-style-type: none"> 1) Contain either goals or objectives, or both, that are individualized, clear, specific, and measurable in the sense that both the client and the mental health staff can tell when progress has been made; 2) Include treatment for multiple needs, if applicable, such as co-occurring disorders that are relevant to the client's mental health treatment; 3) Include interventions that match the client's readiness for change for identified issues; and 4) Be understandable by the client and the client's family if applicable. <p>A copy of the treatment plan shall be provided to the client, and to the client's parent or guardian if applicable.</p>	
<p>Area of Noncompliance: In review of CYF, Mental Health, and CARE charts, at least one or more treatment plans were missing the above listed requirements.</p>		
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Southeastern Behavioral Healthcare will insure treatment plans are completed on all clients who engage in services. Required signatures will be obtained. Staff will have training on and review of ARSD rules.</p>	<p>Anticipated Date Achieved/Implemented: Date 3/1/18</p>	
<p>Supporting Evidence: Clinical supervisors will review staff's treatment plans to insure they are appropriately completed and signed.</p>	<p>Person Responsible: Karen Chesley, Nicole Robideau, Melissa Tauer, Dana Irvine</p>	
<p>How Maintained: Regular quarterly reviews for quality assurance</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>	

Program Director Signature: 	Date: 
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Send Plan of Correction to:

Accreditation Program
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 Division of Behavioral Health
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